

**2004 Clean Watersheds Needs Survey**  
**State Water Resources Control Board - Division of Financial Assistance**  
***Wastewater Collection Systems***

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Authority Name: \_\_\_\_\_  
Authority Address: \_\_\_\_\_ RWQCB Region: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - County: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Collection System Name: \_\_\_\_\_  
Latitude: \_\_\_\_\_ ° ' " Longitude: \_\_\_\_\_ ° ' " Datum: \_\_\_\_\_ Description: \_\_\_\_\_  
Congressional District #: \_\_\_\_\_ Watershed Name: \_\_\_\_\_ Watershed Number: \_\_\_\_\_

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**Discharge Method:** Discharge To Another Facility      Facility Name \_\_\_\_\_

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| <b>Resident Population:</b>                                       | <b>Present</b> | <b>Future</b> | <b>Year of Future Projection</b> |
|---|----------------|---------------|----------------------------------|
| - Receiving Collection  | _____          | _____         | _____                            |
| - Individual Sewage Disposal System (ISDS)                        | _____          | _____         | _____                            |
| - <i>Not</i> Receiving Collection and <i>no</i> ISDS              | _____          | _____         | _____                            |
| <b>Non-Resident Population (Commuting or Tourist Population):</b> |                |               |                                  |
| - Receiving Collection  | _____          | _____         | _____                            |
| - Individual Sewage Disposal System (ISDS)                        | _____          | _____         | _____                            |
| - <i>Not</i> Receiving Collection and <i>no</i> ISDS              | _____          | _____         | _____                            |

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**Proposed Facility Projects (Please circle all that apply):**

a) No Change      b) New      c) Abandon      d) Increase Capacity      e) Increase Level of Treatment  
f) Rehabilitation      g) Replacement      h) Process Improvement      i) Instrumentation/Electrical/Lab

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**Project Information:**

**Please complete this section (make additional copies if you need) for each project with an existing water quality problem as of January 1, 2004. Each project must have documented engineer's project costs, which must be submitted with this survey.**

Project Name: \_\_\_\_\_

Documentation Title: \_\_\_\_\_

Engineer's Project Cost: \$ \_\_\_\_\_ Document Page Number(s): \_\_\_\_\_

Project Name: \_\_\_\_\_

Documentation Title: \_\_\_\_\_

Engineer's Project Cost: \$ \_\_\_\_\_ Document Page Number(s): \_\_\_\_\_

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Please identify any other systems by the name of the authority (treatment, collection, recycling, etc.) connected to your system that are operated independently of your facility, so we can better understand the complexity of your system: \_\_\_\_\_

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**If you have any questions, please contact:**

Jeffrey Albrecht  
(916) 341-5717  
albrechj@swrcb.ca.gov  
<http://www.swrcb.ca.gov/funding/2004CWNS/index.html>

**Return completed survey form and supporting documentation to:**

State Water Resources Control Board  
Division of Financial Assistance – 2004 CWNS  
P.O. Box 944212  
Sacramento, CA 94244-2120